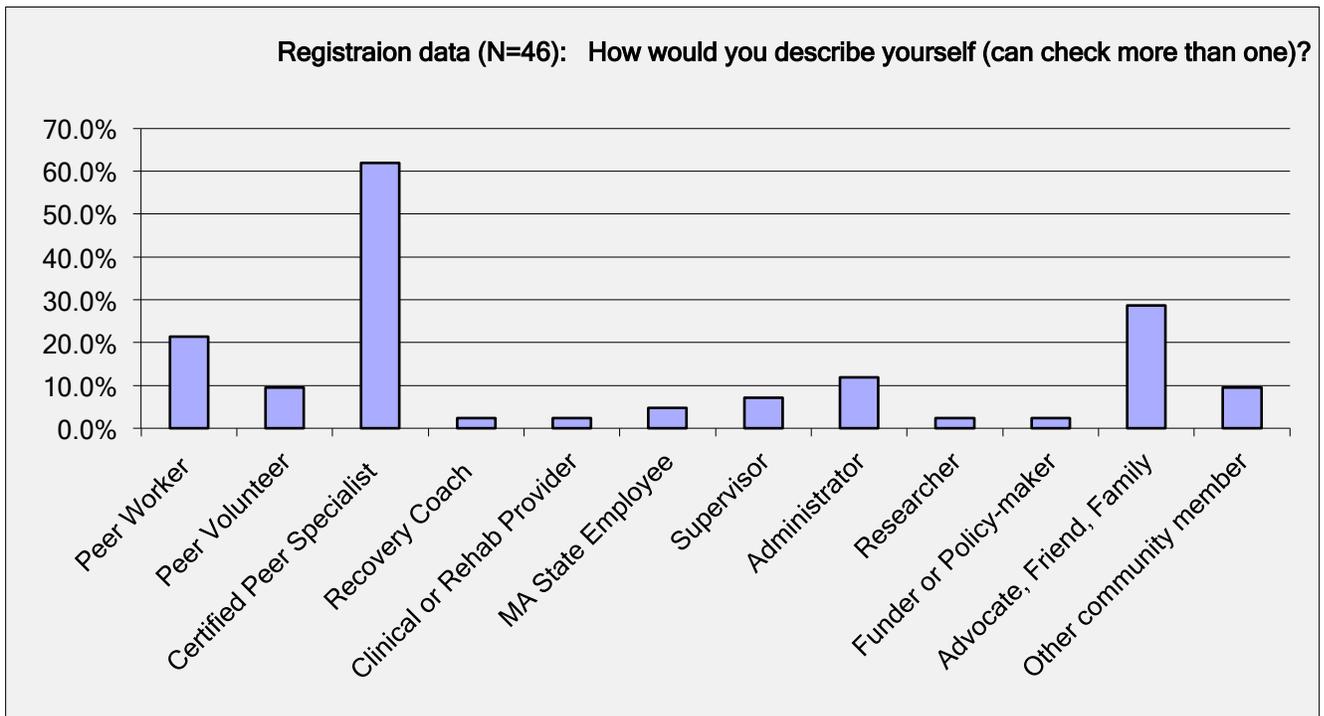**Central MA Community Voice Gathering**
March 17, 2016
Worcester Public Library

2016 Recruitment and Retention Report

Who Registered

46 people registered and 41 participants attended.

People were invited to add Details? about their role and many did:

- Substance use advocate, mental health advocate, mother and wife of addicts
- Diagnosed with Bipolar Disorder in 1996.
- Mental Health Education and support
- Regional Coordinator MOAR
- Deaf-HH
- I am a certified peer specialist, recovery coach, and a mental health/substance use advocate!
- Hoping to be a peer volunteer counselor
- Peer program Director
- Disability Resource Coordinator working under the DEI-V grant.
- Paid, part-time employee at Riverside Community Care Job title: Peer Recovery Specialist Employed since: July, 2013
- Certified Peer Specialist currently working as a Peer Support Worker in a CBFS Supportive Housing Program. Pursuing Full Time Work as a Certified Peer Specialist.
- I am a cps for flow pact at CHL

- Peer Support Specialist at the Parent/Professional Advocacy League and Youth MOVE Massachusetts
- College student •
- Community Bridger

How did you find out about your job?
- Through CPS friend, at a training
- Agency I got services at was hiring/recruited me
- My worker encouraged me/asked me
- Volunteering became a job
- Created own position/advocated
- Self-disclosure
- Networking, RLC, AA community
- Online listing & social media (TC, CHL, 3rd Sector New England, DMH)

How to attract people to the job
I want the job but don't have money for a car
We need to know our worth! Convert from volunteer to employment

- There aren't that many places to find volunteer or other work.
- Peer Roles not advertised
- Get a service that will match the jobs with the peer workers
- Hoops to jump for CORI, Driver's License,
- Having a car is a big issue, transport

Why did you want to apply? What made you take job?
Change career path, share recovery experience, use and find voice
The 'Aha' moments, felt purpose, had skills. I found meaning from everything I went through.
The job was a match.
Time to get a job – didn't know what getting into
I don't want to waste time.

- Sense of purpose, felt called to it, values and ideal a good fit
- Peer Support satisfying, good with people
- Desire to empower and inspire hope, needed in community
- Role model using voice, share story
- Survival, get off /stay on benefits, needed new career
- Gave me structure, want experience
- Be a change agent, improve system, reduce stigma
- Wanted connection, people to learn from
- Autonomy, create new role

Pay and Benefits

Pay was OK, fit my needs at that time. Also knowing agency I worked for would allow me to take time to do things I love. And being supported so much made me want to be there and work for my agency.

Lot of love for where I work. Feel very connected and as if I can do more. My reality is I'm not satisfied with pay – benefits.
I am paid but not monetarily, I volunteer.
I want to be able to say I love my job and I live comfortably.

- Money/Benefits are not important/Not why I do it
- Good enough pay, good benefits, generous vacation time
- Underpaid, feels bad, does not recognize value of role on team
- No benefits, No pension
- No incentive for education
- Per Diem with young adults
- Agency salary too low, applied at DMH

Working with peer workers/specialists? What is known about the role?
 CPS new role – breaking new ground. Still finding lack of understanding. Changing minds of others.
Isolation leads to tokenism, degradation of the role.
Huge need for trauma sensitivity training of other professionals.
Peer support is just a 'friend' role

- Isolation a significant negative impact
- Legacy of previous peer worker/Experience with a PW impacts view of all others
- Culture of negativity/disrespect/stigma for the role (PACT...)
- Changing understanding and forging respect
- Used as a gofer..., fill in
- Vital to understand role and not use for meds
- We need to educate other staff

Role/Value of Volunteerism
 Our purpose in life to help each other.
I get passion, energy from the work as I am personally connected.

- Giving back, 12-step tradition, sharing hope
- Explore role, increase understanding

- Social benefits, getting involved
- Truly mutual
- Preserve benefits
- Self-directed
- Limited/Flexible hours
- Retirement

How do we attract people to volunteer roles?
- What is the perception of someone paid vs. unpaid to the people we serve
- Becoming self-reliant – volunteer is a way to gain experience
- Not many full-time roles, Money not in the budget
- All about MassHealth – All about the insurance company

What keeps people in the role?
Compassionate co-workers, fairness, good people, connection with co-workers, passion, dedication.
Feeling invested, owning role.
Peer support demonstrates the idealism of community.
I need to stay busy for my own wellness.
The 'Ideal' keeps me in; no power roles and mutuality.
I like the work, it doesn't feel like work. It's my PASSION, my calling, I'm good at it! It makes me happy.
I can be myself! I'm connected to self and others
Being part of something humungous; change in the MH community and larger community.
The honor of accompanying others on a journey.

- Community, caring relationships, being listened to, diverse opinions
- Positive work environment, team, maintaining confidentiality
- Take care of yourself first
- Being aware of burnout
- Peer supervisor/Supportive supervisor
  Connection with peer workforce, CPS lead peer worker support group, Online - MARS portal for PWs, Mary Ellen Copeland's website, NYAPRS
- Self-definition, opportunity to grow, professional development
- Workshops for peer workforce development/Importance of the movement
- No hierarchy, Strengths-based
- Seeing people change - Being an advocate/change agent, fulfilling
- Changing the larger community
- RLC - Physical space that is open w/ rooms for private conversation

What is needed to sustain the workforce?
Should be a pay scale and base pay for peer workers, address stigma
It's about perspective, some places I don't like (specific agencies)
We need allies, ERs are busy places.
It's hard in a clinical setting, they don't understand what we need based on the medical model.
Space for peer workers to meet in the workforce - once a week or twice a month. A free space for people to feel heard.
We need to sit down with other peer workers. It's hard to organize based on the work, for example - peer support workers drive everywhere all the time.

- Different financial structure
- Comparative pay based on experience (opportunity)
- Equal opportunity
- Career path

- Take care of yourself first – KIVA Center. Riverside.
- How do we take care of ourselves in these roles?
- Flexibility
- Better support in difficult times

- Our bosses/companies should be aware of burnout/emotional needs
- Companies should understand peer roles are new roles – give help we need
- Training for non-peer supervisors
- Peer-to-peer supervision, peer worker colleague support/consult

Why did you leave?
Some agencies don't follow the ideology.
Peer workers in some agencies give medications, they are in a power role, there is no mutuality.
DMH not clear about what they require.
I was shut down when I wanted to make changes, answer was always 'Not enough money'
Not allowed to attend trainings such as 'Hearing Voices Training'
Supervisors not understanding peer role. Paperwork and red tape difficult with hospitals.
No opportunity for people in peer roles to get together for support.
Doctors can get in the way in the medical model and in substance use.
I don't feel supported in a peer role, a few email exchanges with colleagues but that's it.

- Burn-out, overwhelm, lack of support, not asking how the workers are doing
- Not supported by co-workers/supervisors
- no peer support groups for peer workers

- Unrealistic caseload/workload, problems with other functions at agency
- Loss of peer-ness in role, asked to do things not part of role
- Agencies can be abusive/not trauma informed, no culture of compassion
- Hierarchy, no open forum to voice concerns when you are at the bottom of totem pole/pecking order
- Tokenism, peer workers don't have a voice
- Agency/Political lack of interest in change, not prepared for peer worker/recovery coach role, lack of understanding/acceptance of role at all levels
- No ongoing training/no growth opportunity
- Interpersonal relationship problems
- Moving away

Evaluation

Almost all rated the overall quality of the Central MA Community Voice Gathering at "Excellent" and three rated it as "Good"

Comments about Gathering & Specific things you valued:

- Lots of wonderful input
- Opportunity to connect and reconnect
- We need more of these
- Very inclusive
- Very thought provoking
- I loved having a forum to discuss concerns & frustrations about my current job & feeling heard
- Appreciated the opportunity as well to share renewed sense of purpose
- I valued the diversity of opinions!
- Well represented, diverse group, good location, great amenities; great leaders, good handouts; great lunch!
- wonderful having people brainstorm topics for the conference

Some specific things you would change:

- Something to reduce noise level in small groups sharing large space
- Would like to see events of this sort more often
- the amount of time for event wasn't enough
- [add] job posting board

Topics & Suggestions for Future Comm. Voice Gatherings:
- Networking & Job Opportunities

- A workshop to share our job roles--helps me know what others do & help unsure persons decide if these jobs are right for them
- Invite supervisors for support of peer worker--have specific workshop/training to educate supervisor on what do peer workers do
- Offer email/contact info of person(s) responsible to plan the 2017 conference, so we can get involved somewhat
- Creating career paths
- Peer support for older folks
- Avenues for CPS to CPS information sharing & networking
- How to combat stigma around identity issues
- More time & topics should be based on suggestions of participants &/or community
- Skill building; wellness
- Advocacy Training; Messaging Training